

## **Site Accreditation Report – Prairie View Prevention Services**

**Completed: August 15, 2017**

**Levels of Care Reviewed:**

**Substance Use Disorder (SUD) Services**

**Prevention**

**Early Intervention (0.5)**

**Outpatient Services (1.0)**

**Intensive Outpatient Service (2.1)**

**Review Process:** Prairie View Prevention Services was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information was derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, results from reviewing policies and procedures, personnel and case file records, and conducting interviews with administration and agency staff.

**Administrative Review Score: 100%**

**Combined Client Chart Review Score: 98%**

**Cumulative Score: 98.5%**

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### **ADMINISTRATIVE REVIEW SUMMARY**

**Strengths:**

The agencies' policy and procedure manual was well organized and was promptly updated in December 2016 following the Administrative Rules revision. The staff interviewed provided positive feedback that management is available when needed. The agency continues to pursue having Student and Family Entry (S.A.F.E) placed on the Federal list of registries for evidenced-based interventions. The agency is in the final steps before being published. The agency frequently provides prevention education and awareness through the media and community events.

**Recommendations:**

1. Each agency shall develop root cause analysis policies and procedures to utilize in response to sentinel events according to ARSD 67:61:02:21. Each agency shall report to the division within 24 hours of any sentinel event including: death not primarily related to the natural course of the client's illness or underlying condition, permanent harm or severe temporary harm and intervention require to sustain life. The agency has added the sentinel event Rule to the policies and procedures manual and is in the process of creating a draft root cause analysis process as well as reporting process and should finalize these procedures that staff can follow in response to a Sentinel Event.

2. The agency has a policy on Limited English Proficiency (LEP) that includes individuals the opportunity to participate in and understand all services provided according to contract attachment. It is recommended the agency place this policy in their current policy and procedures manual.
3. The agency's director shall review and approve all electronic, written, and printed materials intended for public distribution for validity, relevancy, and appeal according to ARSD 67:61:11:04. It is recommended the director date and sign or initial the material to indicate the review has been complete.
4. The agency shall continue to pursue the control group to be placed in peer review journals. It is requested the agency provide Prevention Staff at least an annual update on the status of S.A.F.E achieving recognition as an EBP, or more frequently when significant progress is made.
5. According to ARSD 67:61:05:12, each SUD agency shall routinely check the Office of Inspector General's (OIG) List for excluded individuals related to Medicaid reimbursement. Please develop a time frame as part of the procedure that specifies how often the agency will check that each current employee is not on the excluded list.
6. Each new SUD staff, intern, and volunteer must receive the two-step method of tuberculin (TB) skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12 month period prior to the date of employment can be considered a two-step or one TB blood assay test completed within a 12 month period prior to employment can be considered an adequate baseline test. [67:61:05:01 (1)] (Skin testing or TB blood assay tests are not necessary if documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not necessary if documentation is provided of a previous position reaction to either test.) The agency has updated their policies and procedures to reflect the new ARSD 67:61:05:01, however; their procedures follow previous requirements or processes. It is recommended the agency change their procedures to follow the new rules. Please note SUD staff members are not required to complete annual TB skin tests and agencies are not required to complete an annual TB risk assessment. However, the agency may choose to continue these practices.

**Plan of Correction: None**

## **CLIENT CHART REVIEW SUMMARY**

### **Strengths:**

The integrated assessments are organized and concise. Client treatment and progress is documented well through treatment plans, progress notes, and discharge summaries. Clients appear involved within their recovery process as evidenced by client statements in the charts.

### **Recommendations:**

1. In review of the client's integrated assessments, please ensure all of the elements required per ARSD 67:61:07:05 are clearly identified. The following elements were missing in one or more of the client charts:
  - Living environment or housing;

- Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal;
- Past or current indications of trauma, domestic violence, or both if applicable.

As discussed in the exit interview, the agency should ensure all required elements are addressed when assessments are completed and written, even when one or more topic is not applicable to a particular client, so it is clear that all required elements were assessed, even if some are found to not be applicable to an individual client.

**Plan of Correction: None**